

(1) OWNER: Name BERNARD NIENHUIS Address 900 E DEURIES RD OAK HARBOR
(2) LOCATION OF WELL: County Island ~~San~~ 40 2 - NW 1/4 SW 1/4 Sec. 21 T. 33 N. R. 2 E. W. M.
Bearing and distance from section or subdivision corner _____

(3) **PROPOSED USE:** Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) 2

New well	<input checked="" type="checkbox"/>	Method: Dug	<input type="checkbox"/>	Bored	<input type="checkbox"/>
Deepened	<input type="checkbox"/>	Cable	<input checked="" type="checkbox"/>	Driven	<input type="checkbox"/>
Reconditioned	<input type="checkbox"/>	Rotary	<input type="checkbox"/>	Jetted	<input type="checkbox"/>

(5) **DIMENSIONS:** Diameter of well 6 inches.
Drilled 300 ft. Depth of completed well 299 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 289 ft.

Threaded ☐ " Diam. from ft. to ft.

Welded ☒ " Diam. from ft. to ft.

Perforations: Yes ☐ No ☒

Type of perforator used.....

SIZE of perforations in. by in

..... perforations from ft. to ft. ft

..... perforations from ft. to ft. ft

..... perforations from ft. to ft. ft

Screens: Yes ☒ No ☐

Manufacturer's Name Johnson

Type STAINLESS Model No. 304

Diam. 6 Slot size 15 from 289 ft. to 291 ft.

Diam. 6 Slot size 14 from 294 ft. to 299 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 16' ft
Material used in seal CLAY - CEMENT
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? Depth of strata.
Method of sealing strata off.

(7) PUMP: Manufacturer's Name.....
Type: Sub..... HP.....

(8) **WATER LEVELS:** Land-surface elevation 350 ft.
above mean sea level.

Static level 246 1/2 ft. below top of well Date Aug 77

Artesian pressure _____ lbs. per square inch Date _____

Artesian water is controlled by _____ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☐ If yes, by whom? Bob Rump

Yield:	gal./min. with	ft. drawdown after	hr.
"	"	"	"
"	"	"	"

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)					
Time	Water Level	Time	Water Level	Time	Water Level
.....
.....

Date of test _____
 Bailer test 50 gal./min. with 2.5 ft. drawdown after 2 hr.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
HARD PAN (MIX GRAVEL SAND CEMENTED)	0	115
CLAY	115	120
HARD CEMENTED GRAVEL	120	158
GRAVEL (DRY)	158	177
SAND	177	194
DIRTY SAND (SOME WATER)	194	240
IN SAND APPROX 240	240	245
CLAY	245	250
SANDY CLAY	250	274
WATER SAND	274	300

MAX 80 GPM

Work started....., 19..... Completed Aug, 1977

WELL DRILLER'S STATEMENT:

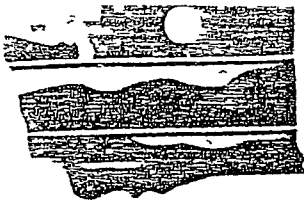
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME WHIDBEY WELL DRILLERS
(Person, firm, or corporation) (Type or print)

Address OAK HARBOR WA

[Signed] James Fater
(Well Driller)

License No. 128 Date Aug, 197



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

OK

Unique Well Tag No: AKY 764

RECORD VERIFICATION (check one)



Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)



Verification inconclusive



Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name Diane and Eva Nienhuis Last Name (Nienhuis Corner Water System)

Street Address PO Box 70024

City South Naknek State Alaska 99670

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address 900 Devries Road (parcel R23321-163-0980)

City Oak Harbor, WA County Island

T 33 N R 2 E WM Sec 24 NW 1/4 of the SW

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available



GPS



Topographic Map



Survey



Computer generated



Digital Altimeter



Topographic Map



Other _____



Location marked on topographic map (please attach)



Location marked on air photo (please attach)

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Description of well (size or casing type or well housing etc.)

6" casing in well "dog house"

or Well identification Tag

strapped to well casing

Supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

21

C B A

F G H

L K J

P Q R

NTS

M

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Well #

Date Issued

None

Application

Permit

Certificate

Claim

Exempt